

## NEW PATIENT INFORMATION/MEDICAL QUESTIONNAIRE

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_ (General questionnaire for all procedures some questions may not be relevant)

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Zip Code \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

E-mail Address \_\_\_\_\_

Occupation \_\_\_\_\_

Approximate Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Please list the prescriptions you are currently taking: \_\_\_\_\_

\_\_\_\_\_

Drug Allergies: \_\_\_\_\_

Please list previous surgeries: \_\_\_\_\_

Goal or Reason for Visit:

- |  |  |
|--|--|
| <input type="checkbox"/> Laser Liposuction               | <input type="checkbox"/> Zeltiq CoolSculpting    |
| <input type="checkbox"/> Medical Supervised Diet         | <input type="checkbox"/> Fraxel & Fractional CO2 |
| <input type="checkbox"/> Thermage / Ultherapy            | <input type="checkbox"/> Botox                   |
| <input type="checkbox"/> Restylane / Juvederm / Radiesse | <input type="checkbox"/> Laser Hair Removal      |
| <input type="checkbox"/> IPL - Photofacial               | <input type="checkbox"/> Laser Tattoo Removal    |
| <input type="checkbox"/> Chemical Peel                   | <input type="checkbox"/> Microdermabrasion       |

Have you ever had a cold sore on your lip? No Yes Last time:

Do you have a history of easy bruising or bleeding problems? No Yes

Do you have a history of darkening of the skin after injury? No Yes

Are you pregnant or breastfeeding? No Yes

Have you used or are you currently using Retin-A or Renova? No Yes Last time:

Have you used or are you currently using Accutane? No Yes Last time:

I have been given the opportunity to review the HIPAA notice either online or in-office.

Signature: \_\_\_\_\_

## IPL/Photofacial Consent Form

I \_\_\_\_\_, consent to and authorize Medical Cosmetic Enhancements to perform IPL treatments on me. Phototherapy, despite its high levels of efficacy and safety, is not free of side effects. It is important to understand, your first treatment session will be at a more conservative treatment level for the safety of your skin. Subsequent treatments we may increase the treatment energy for increase efficacy, but can also increase the potential of unwanted side effect. Ideally we will obtain a treatment level which is ideal for your skin, but we error on the side of safety first:

- Erythema (redness), edema (swelling) and a mild burning sensation much like a sunburn can occur but usually subsides within a few hours.
- Pigmentary changes such as hyper pigmentation (darkening) and hypo pigmentation (lightening) of the skin in the treatment areas can occasionally occur. Most are transient, lasting up to six months, but in rare cases it can be permanent. Pre-existing dark areas/moles will turn darker and may take a few days to flake off.
- Other known but rare complications of this procedure include scarring, keloids, blisters, reddening, bruising, superficial crusting, burns, pain, and infections. Any source of light can activate herpetic lesions. If you have a history of viral sores, please inform our staff so we who may prescribe antiviral medication. You may have an outbreak even if you have no history of viral lesions.
- Additionally, there is a known and expected loss of hair in the treated areas. In a very small percentage of people there is new hair growth in the surrounding areas being treated. Even though appropriate measures are taken to reduce side effects, they cannot be completely eliminated in every case.
- I understand that the treatment may involve risks of complications or injuries from both known and unknown causes, and I freely assume these risks. There may be other treatment options, such as injections, other types of lasers/light sources or peels. With this in mind, I am choosing this noninvasive treatment for vascular and/or pigment lesions and other indicated skin conditions.
- Eye damage can occur from the light and therefore protective eyewear must be worn during all phototherapy sessions.

**Not Good Candidates.** Generally you are not a good candidate for IPL procedure if you are pregnant, nursing or plan to become pregnant while undergoing IPL treatments. Individuals who have used Accutane within the past six months or who used any medications requiring limited exposure to sunlight are not good candidates for IPL procedure. Individuals with recently tanned skin (including artificial, such as spray or tanning beds are advised to delay undergoing the IPL procedure. Those with very dark skin types may be deemed a non -candidate.

I have read and understand the Pre and Post-Treatment Instructions. I agree to follow these instructions carefully. Please call your doctor promptly if complications develop after the procedure. I understand that this examination is not meant to replace the necessity for a complete dermatological examination.

No guarantee, warranty, or assurance has been made to me as to the results that may be obtained. I am aware that follow-up treatments may be necessary for desired results. Most patients require a number of treatments over several months with gradual results occurring over this time. Clinical results will vary. I agree to adhere to all safety precautions and regulations during the treatment.

### **By signing this Informed Consent, you understand and agree as follows**

- ☐ The information contained in this Informed Consent was explained to me using terms I could understand, and all my questions and concerns have been answered. After reviewing all the information provided to me about cosmetic procedures and reviewing my health status, I believe I am a good candidate for IPL procedure.
- ☐ I understand that IPL is an elective procedure and hereby freely accept all possible risks, complications and side effects that may result from this procedure.
- ☐ I acknowledge that IPL procedure will be performed by an employee of Medical Cosmetic Enhancements, who is properly trained and certified in its usage.
- ☐ I agree to return for any recommended follow up visits and follow all post-procedure instructions
- ☐ I understand that no guarantees have been made to me regarding the outcome of IPL procedure.
- ☐ This consent form is valid for all future IPL treatments performed, and I will alert the staff if there are any future changes including, but not limited to, my medical history, new medications, if I have recently tanned (including artificially), or if I become pregnant.

**PLEASE LET THE STAFF KNOW IF YOU HAVE BEEN PRESCRIBED ACCUTANE MEDICATION** in the prior 6 months or currently using prescribed tetracycline.

Client's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Client's Name (Printed): \_\_\_\_\_

# MEDICAL COSMETIC ENHANCEMENTS POLICIES

We respect your time and understand its value. If Clients abide by the following policies, we can make your experience enjoyable with schedule availability and minimal office wait time.

EFFECTIVE 1/1/15

Initial \_\_\_\_ It is suggested all patients arrived 10 minutes prior to scheduled appointment time. Late arrivals for scheduled time are subject to **forfeiture of 1 session, or \$50 fee**. Prompt arrival is courteous to patients after your session and will not delay following clientele and staff.

Initial \_\_\_\_ Please note your pre-payment expiration date. All sessions must be COMPLETED within 12 months of activation as long as the voucher is redeemed prior its expiration date. Expired coupon or unused sessions are good for payment monetary value which can be deducted from regular treatment prices.

Initial \_\_\_\_ Appointments longer than 45 minutes require a \$100 credit card hold, and 72 hour notice for cancellation or rescheduling.

**All policies are listed on website treatment pages. With a 24 hour notice, many last minute appointments become available. You are encouraged to take advantage and use our online schedule system ([www.medicalcosmetic.org](http://www.medicalcosmetic.org)) for ease, convenience and last minute availability.**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

# **MEDICAL COSMETIC ENHANCEMENTS**

**EFFECTIVE 1/1/2015**

We require 24 hours notice to reschedule or cancel an appointment. Same day cancellations/no shows/tardiness/reschedules will incur a non-negotiable \$50.00 fee or forfeiture of one prepaid session. Payment will be collected prior to the next appointment.

It is your responsibility to add scheduled appointments to your calendar – Medical Cosmetic Enhancements is not responsible for your missed appointments.

Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Patient's Signature: \_\_\_\_\_